

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90001 017 *****50.00

DOCUMENT # L01000011279

1. Entity Name
PEDIATRIC CARE OF POMPANO, LLC



Principal Place of Business
2828 CROASDAILE DR.
DURHAM, NC 27705

Mailing Address
2828 CROASDAILE DR.
DURHAM, NC 27705

24065327



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Navigant Consulting
Two North Charles Street
Suite 400

City & State

Baltimore, Maryland 21201

Zip

Country

04292004 Chg-LLC CR2E083 (10/03)

4. FEI Number

56-2260195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00
Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME PEDIATRIC CONSULTANTS OF BROWARD CTY, INC
STREET ADDRESS 1600 S FEDERAL HWY STE 300
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE CRO ☒ Change ☐ Addition
NAME Charles R. Goldstein
STREET ADDRESS Navigant Consulting
CITY-ST-ZIP Two North Charles Street -Suite 400
Baltimore, Maryland 21201

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Charles R. Goldstein, Chief Restructuring Officer, 4/30/04 410-454-6830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #